

**Chris Aquino**

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Tuesday, April 07, 2015 8:28 AM  
**To:** Constantine Kolouas; Chris Aquino  
**Subject:** 2015 Annual Report - WMATC No: 2615, Carrier Name: S.T.S Sedan Service, LLC

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**Washington Metropolitan Area Transit Commission**  
**2015 Carrier Annual Report Form**

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**FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

**1. ANNUAL REPORT OF:**

**WMATC No.:** 2615

**Name of Carrier (as shown on certificate of authority):** S.T.S Sedan Service, LLC

**Trade Name:**

**Principal Place of Business**

**Street Address:** 22968 Regent Terrace

**Apt./Suite:**

**City:** Sterling

**State:** VA

**Zip:** 20166

**Mailing Address (if different from street address)**

**Street:**

**Apt./Suite:**



**6. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

<b>Fleet No.</b>	<b>Year*</b>	<b>Make*</b>	<b>Vehicle VIN*</b>	<b>License Plate*</b>	<b>State*</b>	<b>Seating Cap.*</b>	<b>Wheel Chair</b>
1	2015	Chevrolet	1GNSKKKCOFC0FR296	STSS15	VA	8	No
					VA		

**\*Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

**7. \*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Shoukry Osman

**Title:** Manager

**Date:** 02/02/2015